

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 28 / 2014</b>	
Mailing Address <b>434 West 33rd Street</b>		Amount <b>390.00</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10001</b>	Transaction ID : <b>B499859</b>
Purpose of Expenditure List rental		Category/Type <b>004</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 28 / 2014</b>
Name of Federal Candidate <b>Kay Hagan</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Planned Parenthood Health Systems Action Fund</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2014</b>	
Mailing Address <b>100 South Boylan Ave.</b>		Amount <b>3312.50</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27603</b>	Transaction ID : <b>B499833</b>
Purpose of Expenditure Volunteer recruitment phone banks		Category/Type <b>004</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2014</b>
Name of Federal Candidate <b>Kay Hagan</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>3702.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aletheia Henry

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y  
**06 / 27 / 2014**

Signature